

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36355

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u> <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>JOHN</u> c. (Last) <u>AMRHEIN SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC.</u> <u>1</u> <u>1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>OCT. 19 1869</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>FRANCIS AMRHEIN</u>			13b. MOTHER'S MAIDEN NAME <u>KATHERINE HEISSERER</u>		14. NAME OF HUSBAND OR WIFE <u>ARTIE AMRHEIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK J. AMRHEIN</u> ADDRESS <u>ORAN, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myo-carditis</u> DUE TO (c) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>42 2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-25-</u> , 19 <u>49</u> , to <u>12-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-1-50</u> , 19 <u>50</u> , and that death occurred at <u>3:28P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>William M. Lister M.D.</u>		23b. ADDRESS <u>Cape Gir. Mo</u>		23c. DATE SIGNED <u>12-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec. 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW GUARDIAN ANGELS</u>	
24d. LOCATION (City, town, or county) (State) <u>ORAN SCOTT COUNTY MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u> ADDRESS <u>Oran, Mo</u>			

DATE REC'D BY LOCAL REG. <u>12-4-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u> ADDRESS <u>Oran, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 12 1950

DISTRICT HEALTH OFFICE No. 6

No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Earl F. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. *2676*

P. O. Address *Ocean Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so-stated above.

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